UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Civ	il Case No. 6:16	-CV-1264	-AA				
	RANK MENDOZA, et	Ari	APPLICATION FOR SPECIAL ADMISSION – PRO HAC VICE						
Plain v.	tiff(s),	AD							
Lithia Moto	rs, Inc., et al.								
Defe	ndant(s).								
Attor	_{ney} Hsien Chun Char	ng rec	nuests special ad	mission	pro hac vice in				
the above-cap	•								
		o Hac Vice Admission: nat the following informati		understa	and the				
(1)	PERSONAL DATA:								
	Name: Chang	Hsien		C.					
	(Last Name)	(First Name)		(MI)	(Suffix)				
	Firm or Business Affiliation: McGehee Chang Barnes Landgraf								
	Mailing Address:	10370 Richmond A	venue, Suite	1300					
	City: Houston	State:	TX	Zip:	77042				
	Phone Number: (713)864-4000			Fax Number: (713)868-9393					
	Business E-mail Addre	ess: hcchang@lawtx.c	om						

	BAR	ADMISSIONS INFORMATION:						
	(a)	(a) State bar admission(s), date(s) of admission, and bar ID number(s): State Bar of Texas, 11/2001, 24031930						
		State Bar of New Mexico,12/2015, 147460						
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): Souther District of Texas, May, 2005, ID #: 553695						
		Eastern District of Texas, July, 2009, no ID # available						
	CERTIFICATION OF DISCIPLINARY ACTIONS:							
	 (a) I am not now, nor have I ever been subject to any disciplinary action by an state or federal bar association; or 							
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal baassociation. (See attached letter of explanation.)						
	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:							
	State	R 83-3(a)(3), I have professional liability insurance, or financial responsibility valent to liability insurance, that meets the insurance requirements of the Oregon Bar for attorneys practicing in this District, and that will apply and remain in force the duration of the case, including any appeal proceedings.						
6)	REPRESENTATION STATEMENT:							
		representing the following party(s) in this case: ntiffs						
	Plai							
	CM/ Cond beco (See	TECF REGISTRATION: Current with approval of this pro hac vice application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system						
	CM/ Cond beco (See	ECF REGISTRATION: current with approval of this <i>pro hac vice</i> application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system the Court's website at ord.uscourts.gov), and I consent to electronic service pursual ed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.						
	CM/ Cond beco (See to Fe	ECF REGISTRATION: Current with approval of this <i>pro hac vice</i> application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursual d. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon. 8th day of May 2017						
	CM/ Cond beco (See to Fe	ECF REGISTRATION: current with approval of this <i>pro hac vice</i> application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system the Court's website at ord.uscourts.gov), and I consent to electronic service pursual ed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.						

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires you to associate with local counsel unless are requesting waiver of the requirement under LR 45-1. To associate with local counsel, obtain the signature of local counsel in the following section. To request waiver of the requirement to associate with local counsel under LR 45-1, check the following box.

I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request waiver of the requirement of LR 83-3(a)(1) to associate with local counsel and therefore do not include a certification from local counsel below.

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 9th	day ofMa	ay	- / -/		7/	11)	
	(Signature of Local Counsel)						
Name: Walsh		Bonner	Bonner		C.		
(Last Name)	0.1	(First Name)		(MI) (Suffix			
Oregon State Bar Number: _1			***************************************				
Firm or Business Affiliation:	Walsh, LLC			***************************************			
Mailing Address: P.O. Box	7						
City: Bly		State: Ol	R	Zip:	97622		
Phone Number: (541)359-2827				bonner@walshpllc.com			
	CO	OURT ACTION					
	pplication appro	ved subject to paymentd.	t of fees				
DATED this	day of	, , , , , , , , , , , , , , , , , , , ,					
		Judge		***************************************			